

School Year 2021-2022

New

Returning



Sunshine Kids Preschool

APPLICATION & REGISTRATION FORM

1721 West 10th Street
The Dalles, Oregon 97058
Preschool (541) 298-6661
Office (541) 296-1478 - Fax (541) 296-3451

Student Name (Last):		Student Name (First):
Home Address (Street, State, Zip Code):		
Mailing Address (if different):		
DOB:	Primary Language(s):	Gender:
<u>Guardian #1:</u>	Relationship to Student:	Preferred Language(s):
Phone (Home/Cell):	Phone (Work): Employer:	Email:
Home Address (if different than student):		
<u>Guardian #2:</u>	Relationship to Student:	Preferred Language(s):
Phone (Home/Cell):	Phone (Work): Employer:	Email:
Home Address (if different than Guardian #1):		

****Email addresses are for preschool communication purposes only and will not be shared outside our agency.**

Optional Student Information (check all that apply):

American Indian or Alaskan Native

Black or African American

Asian

White

Hispanic or Latino Origin

Native Hawaiian or Pacific Islander

Other: _____

Is your child enrolled in:

Migrant Education Program? Yes No

Early Childhood Special Education? Yes No

Class Options & Tuition Costs:

Please indicate which session you are interested in:

	Student Ages	Days and Times	Tuition
AM	4 to 5 years old	Monday through Friday 8:30 to 11:30	\$215.00
PM	3 to 5 years old	Monday/Tuesday/Thursday/Friday 12:30 to 3:30	\$180.00

Students must be 3 years of age by September 1 for enrollment

***A yearly application fee of \$50.00 to cover supplies, materials, insurance and immunization service will be due by September 1, 2021.**

SIGNATURES	
I give permission for my child to participate in Sunshine Kids Preschool and affirm all information disclosed in this registration packet regarding my child is accurate.	
Signature of parent/guardian	Date

****Submitting this application does not ensure enrollment. You will be notified regarding the status of your application***

****Please provide a copy of your child's *Immunization Record*
(Due before student is allowed to start school)**

Additional Student Information:

Who is allowed to pick up your child from school?

_____	_____
Name/Relationship to Child	Phone #
_____	_____
Name/Relationship to Child	Phone #
_____	_____
Name/Relationship to Child	Phone #
_____	_____
Name/Relationship to Child	Phone #

EMERGENCY CONTACT OTHER THAN PARENTS #1		
Emergency Contact Name(s):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to Student:		
EMERGENCY CONTACT OTHER THAN PARENTS #2		
Emergency Contact Name(s):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to Student:		
STUDENT MEDICAL INFORMATION		
Health Concerns:		
Any physical disabilities or chronic illness that would limit your child's activities?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please specify:		